

Foster Family Home - Corrective Action Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

Review ID: 1-577702-8

94-070 Poailani Circle

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/23/2021

Foster Family Home


Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date


Date